

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00	:	
2. BUREAU: ALJ	:	
3. SECTION(S):	:	
5. APPROVED BY:	:	4. PUBLIC MEETING DATE:
DIRECTOR:	:	00/00/00
SUPERVISOR:	:	
6. PERSON IN CHARGE:	:	7. DATE FILED: 10/13/06
8. DOCKET NO: F-02027112	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: LITTLE, JAMES

RESPONDENT/APPLICANT: PHILADELPHIA GAS WORKS

COMP/APP COUNTY: PHILADELPHIA

UTILITY CODE: 125042

ALLEGATION OR SUBJECT

COMPLAINANT STATES HE WOULD LIKE A PAYMENT AGREEMENT. HE WOULD LIKE THE PUC TO HELP GETTING SERVICE BACK ON AND AN AFFORDABLE PAYMENT PLAN DUE TO ILLNESS IN HOUSEHOLD.

DOCUMENT
FOLDER

DOCKETED
OCT 30 2006

PENNSYLVANIA PUBLIC UTILITY COMMISSION

Formal Complaint Form

ORIGINAL

Please print or type.

F-02027112

1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name JAMES LITTLE

Street/P.O. Box 8224 BUIST AVE Apt # _____

City Phila State PA Zip 19153

County PENNSYLVANIA

Area Code/HOME Phone 215 365-1358

Area Code/WORK Phone 267-334-5429

Utility Account Number (from your bill) 256072177

RECEIVED

OCT 18 2006

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name _____

Street/P.O. Box _____

City _____ State _____ Zip _____

2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: Philadelphia Gas Works

3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER

(taxi, moving company, limousine)

TELEPHONE
(local, long distance)

132

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

AGAIN ENCLOSED ARE THE PROPER DOCUMENTS THAT SUPPORT MY CLAIM.

5. RELIEF

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I WANT TO MAKE PAYMENT AGREEMENT WITH MY GAS ON. I WOULD LIKE FOR THE PUC TO RECONSIDER MY CLAIM DUE TO MORE REASONS THAN ONE. I HAVE THE PROPER DOCUMENTATIONS THAT WERE REQUESTED. THERE'S A SERIOUS MEDICAL CONDITION IN THE HOUSEHOLD IF NEEDED I CAN PROVIDE MEDICAL CERTIFICATION FROM MY DOCTOR, AND ALSO MY FINANCE WHO HAS A SERIOUS, CHRONIC MEDICAL CONDITION THEREFORE ITS IMPERATIVE AND LIFE THREATENING THAT WE DO HAVE THE GAS UTILITY SERVICES. IF I CAN REQUEST THAT THE SERVICES BE RECONNECTED I WILL AUTHORIZE YOU TO TAKE A SUBSTANTIAL AMOUNT OF 100.00 PER MONTH FROM MY CHECKING ACCOUNT.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company AND your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES
(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification: I James K Little, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

James K Little
(Signature)

10-13-06
(Date)

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Robert E. Yandziak, Notary Public
Upland Boro, Delaware County
My Commission Expires May 12, 2009
Member: Pennsylvania Association of Notaries

Robert Yandziak
10/13/2006

9. LEGAL REPRESENTATION (IF ANY)

If you are represented by a lawyer in this matter you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Area Code/Phone Number _____

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission, P O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 nd Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

Keep a copy of your complaint for your records.

BARTASH PRINTING
PHILADELPHIA PA 19143

CO. NO. 10622

DEPT NO	EMPL NO	EMPLOYEE NAME	TAXPAYER ID	FED WH STATUS	PAY PERIOD	CHECK DATE	DIR/DEP NO		
530	1237	JAMES K LITTLE	XXX-XX-8315	M 0	9/24/2006	9/28/2006	14489		
EARNINGS	HOURS/UNITS	RATE	THIS PAY	DEDS	THIS PAY	Y-T-D	DESCR	THIS PAY	Y-T-D
REG	36.00	8.500	306.00	SOCSEC	18.82	907.22	GROSS	306.00	14729.07
				MDCARE	4.40	212.15			
				FED WH	14.97	851.38			
				ST TAX	9.32	445.42			
				CTY TX	13.16	633.49			
				SUI	.28	13.20			
				LOAN	80.00	2480.00			
				DENTAL	2.50	97.50			
				BANKNG	10.00	30.00			
TOTAL PAY			306.00	TOTAL DEDUCTIONS			153.45	NET PAY	152.55

TAXABLE WAGES		
	THIS PAY	YTD
FEDERAL	303.50	14631.57
SOCSEC	303.50	14631.57
MDCARE	303.50	14631.57
STATE	303.50	14631.57
LOCAL	306.00	14729.07

BARTASH PRINTING
PHILADELPHIA PA 19143

CO. NO. 10622

DEPT NO	EMPL NO	EMPLOYEE NAME	TAXPAYER ID	FED WH STATUS	PAY PERIOD	CHECK DATE	DIR/DEP NO		
530	1237	JAMES K LITTLE	XXX-XX-8315	M 0	10/01/2006	10/05/2006	14623		
EARNINGS	HOURS/UNITS	RATE	THIS PAY	DEDS	THIS PAY	Y-T-D	DESCR	THIS PAY	Y-T-D
REG	40.00	8.500	340.00	SOCSEC	27.25	934.47	GROSS	442.00	15171.07
OT1	8.00	12.750	102.00	MDCARE	6.37	218.52			
				FED WH	28.57	879.95			
				ST TAX	13.49	458.91			
				CTY TX	19.01	652.50			
				SUI	.40	13.60			
				LOAN	80.00	2560.00			
				DENTAL	2.50	100.00			
				BANKNG	10.00	40.00			
TOTAL PAY			442.00	TOTAL DEDUCTIONS			187.59	NET PAY	254.41

TAXABLE WAGES		
	THIS PAY	YTD
FEDERAL	439.50	15071.07
SOCSEC	439.50	15071.07
MDCARE	439.50	15071.07
STATE	439.50	15071.07
LOCAL	442.00	15171.07

A D computer

A D computer

BARTASH PRINTING
PHILADELPHIA PA 19143

CO. NO. 10627

DEPT NO	EMPL NO	EMPLOYEE NAME	TAXPAYER ID	FED WH STATUS	PAY PERIOD	CHECK DATE	CHECK NO		
530	1237	JAMES K LITTLE	XXX-XX-8315	M 0	8/20/2006	8/24/2006	26587		
EARNINGS	HOURS/UNITS	RATE	THIS PAY	DEDS	THIS PAY	Y-T-D	DESCR	THIS PAY	Y-T-D
REG	36.00	8.500	306.00	SOCSEC	18.82	792.63	GROSS	306.00	12868.63
				MDCARE	4.40	185.36			
				FED WH	14.97	740.14			
				ST TAX	9.32	388.68			
				CTY TX	13.16	553.47			
				SUI	.28	11.51			
				LOAN	80.00	2080.00			
				DENTAL	2.50	85.00			
TOTAL PAY			306.00	TOTAL DEDUCTIONS		143.45	NET PAY		162.55

A D computer

	TAXABLE WAGES	
	THIS PAY	YTD
FEDERAL	303.50	12783.63
SOCSEC	303.50	12783.63
MDCARE	303.50	12783.63
STATE	303.50	12783.63
LOCAL	306.00	12868.63

BARTASH PRINTING
PHILADELPHIA PA 19143

CO. NO. 10622

DEPT NO	EMPL NO	EMPLOYEE NAME	TAXPAYER ID	FED WH STATUS	PAY PERIOD	CHECK DATE	CHECK NO		
530	1237	JAMES K LITTLE	XXX-XX-8315	M 0	9/03/2006	9/07/2006	26984		
EARNINGS	HOURS/UNITS	RATE	THIS PAY	DEDS	THIS PAY	Y-T-D	DESCR	THIS PAY	Y-T-D
REG	40.00	8.500	340.00	SOCSEC	26.66	838.11	GROSS	432.44	13607.07
OT1	7.25	12.750	92.44	MDCARE	6.23	195.99			
				FED WH	27.61	782.72			
				ST TAX	13.20	411.20			
				CTY TX	18.60	585.23			
				SUI	.39	12.18			
				LOAN	80.00	2240.00			
				DENTAL	2.50	90.00			
TOTAL PAY			432.44	TOTAL DEDUCTIONS		175.19	NET PAY		257.25

A D computer

	TAXABLE WAGES	
	THIS PAY	YTD
FEDERAL	429.94	13517.07
SOCSEC	429.94	13517.07
MDCARE	429.94	13517.07
STATE	429.94	13517.07
LOCAL	432.44	13607.07



Pennsylvania
www.state.pa.us
DRIVER'S LICENSE

082



No 16 887 383 Exp 01
DOB 06/19/1956 Sex M
Class C Eyes BRO
Endorse --- Height 5'09"
Com/Med Restr "J"

Issued 12/21/2004
Expires 06/20/2007

James Little

ORGAN DONOR
JAMES LITTLE
8224 BUIST AVE
PHILADELPHIA PA 19153



DL

(Rev. November 2005)

See separate instructions.

This return is for calendar year 2005, or fiscal year ended

Please print or type	Your first name and initial JAMES K	Last name LITTLE	Your social security number [REDACTED]	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	Home address (no. and street) or P.O. box if mail is not delivered to your home 8224 BUIST AVE		Apt. no.	Phone number 215-365-1358
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions. Philadelphia PA 19143		For Paperwork Reduction Act Notice, see page 6.	

A If the address shown above is different from that shown on your last return filed with the IRS and you would like us to change it, check here

B Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.

On original return Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

On this return Single Married filing jointly Married filing separately Head of household* Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 2 of the instructions

Use Part II on page 2 to explain any changes		A. Original amount or as previously adjusted (see page 3)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
Income and Deductions (see instructions)				
1	Adjusted gross income (see page 3)	16,260		16,260
2	Itemized deductions or standard deduction (see page 3)	7,300		7,300
3	Subtract line 2 from line 1	8,960		8,960
4	Exemptions. If changing, fill in Parts I and II on page 2 (see page 3)	9,600		9,600
5	Taxable income. Subtract line 4 from line 3	(640)		(640)
Tax Liability				
6	Tax (see page 4). Method used in col. C <u>TABLES</u>			
7	Credits (see page 4)			
8	Subtract line 7 from line 6. Enter the result but not less than zero			
9	Other taxes (see page 4)			
10	Total tax. Add lines 8 and 9			
Payments				
11	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 4	868		868
12	Estimated tax payments, including amount applied from prior year's return			
13	Earned income credit (EIC)		2,358	2,358
14	Additional child tax credit from Form 8812			
15	Credits from Form 2439, Form 4136, or Form 8885			
16	Amount paid with request for extension of time to file (see page 4)			
17	Amount of tax paid with original return plus additional tax paid after it was filed			
18	Total payments. Add lines 11 through 17 in column C			3,226

Refund or Amount You Owe				
19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			868
20	Subtract line 19 from line 18 (see page 5)			2,358
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 5			
22	If line 10, column C, is less than line 20, enter the difference			2,358
23	Amount of line 22 you want refunded to you			2,358
24	Amount of line 22 you want applied to your estimated tax	24		

Sign Here

Under penalties of perjury, I declare that I prepared this amended return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records.

Your signature: _____ Date: _____ Spouse's signature: _____ Date: _____

Paid Preparer's Use Only

Preparer's signature: *James K Little* Date: 03-27-2006 Check if self-employed Preparer's SSN or PTIN: [REDACTED]

Firm's name (if yours): **OKOJTE & ASSOCIATES, INC.** FIN: 52-1918891

Address and ZIP code: **1000 WALNUT STREET PHILADELPHIA PA 19139** Phone no: 215-474-5070

EBA: **Robert E. Yandziak, Notary Public**
 Upland Boro, Delaware County
 My Commission Expires May 12, 2009
 Member, Pennsylvania Association of Notaries

Form 1040X (Rev. 11-2005)

Robert Yandziak 03/27/2006

NOTIFICATION OF INTENT TO APPEAL
(Request For Formal Complaint Forms)

Notice to Customer:

If you sign and return this form you are notifying the Public Utility Commission that you intend to appeal this informal complaint decision. Do not return this form unless you want to appeal this decision.

If you want to appeal this decision, you must return this Notification of Intent to Appeal form within twenty days of this date: August 28, 2006. The Commission will send you formal complaint forms.

You must comply with the terms of this decision until the Public Utility Commission completes the formal complaint process. You must make all of the required payments, or the utility company may pursue the termination of your service.

Thank You
Pennsylvania Public Utility Commission

Yes, I want to appeal the decision of the Bureau of Consumer Services. Please send formal complaint forms to me at the following address:

Customer name and address:
(Please correct any mistakes.)

JAMES LITTLE
8224 BUIST AVE PHILADELPHIA PA 19153

215 365-1358
(Area Code) Telephone Number

James Little
Signature

Mail this completed form to:

SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265
HARRISBURG, PA 17105-3265

FOR OFFICE USE ONLY

BCS Number: 2027112 Date of mailing: August 28, 2006
Company: PHILADELPHIA GAS WORKS
800 W. MONTGOMERY AVENUE
PHILADELPHIA PA 19122

REVISED 11/97

2005 SEP 14 PM 1:25

Pennsylvania PUC

SEP 14 2006
Consumer Services
CAC Division

81



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

Due 10/16/06

IN REPLY PLEASE
REFER TO OUR FILE

SEPTEMBER 26, 2006

BCS2027112

JAMES LITTLE
8224 BUIST AVENUE
PHILADELPHIA PA 19153

Dear Sir/Madam:

We have received your request to appeal the decision of the Bureau of Consumer Services.

We have enclosed one complaint form for you to complete. Please read carefully the instructions to help you complete the form.

**** Please make sure you sign the form. We must receive your original signature in order for us to process your complaint. Your form will be returned to you if an original signature is not received.**

Return the form to us on or before OCTOBER 16, 2006 to the address listed below:

James J. McNulty, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

While you wait for us to reach a decision on your complaint, you must pay all undisputed bills (ones that are not a part of your complaint). As long as you pay all undisputed bills and return these formal complaint forms to us on time, the company is not permitted to terminate your service.

Commission Procedures for Formal Complaints

- We send a copy of this letter to the company so they know you are appealing the Bureau of Consumer Services' decision;
- We also send the company a copy of your completed formal complaint forms. Once they receive it, they have 20 days to send us an answer to your complaint. The company will send you a copy of their answer.

- Once we receive all the paperwork, we usually will schedule your hearing before an Administrative Law Judge.
- We will notify both you and the company by mail when the hearing date is set.
- If you cannot travel to your hearing, you can request that the hearing be held by phone. This is called a telephonic hearing. If we can, we will schedule a telephonic hearing for you.
- We will most likely schedule your hearing sometime within three months after you file your complaint forms. If you know of certain dates when you will not be available for a hearing, let us know when you file your forms. We will try to work around your schedule.
- If you cannot attend the hearing on the scheduled date, you must request a different time or date. You should request the change at least 5 days before your hearing by writing to:

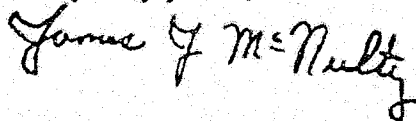
Office of Administrative Law Judge
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

YOU SHOULD INCLUDE YOUR DAYTIME TELEPHONE NUMBER IN YOUR LETTER. DEPENDING ON YOUR REASON FOR NOT BEING ABLE TO ATTEND THE SCHEDULED HEARING, YOUR REQUEST TO CHANGE THE HEARING MAY OR MAY NOT BE APPROVED. WE WILL LET YOU KNOW OUR DECISION ON YOUR REQUEST FOR CHANGING THE HEARING DATE BEFORE THE DATE OF THE HEARING.

YOU MUST ATTEND SCHEDULED HEARINGS IN PERSON OR BY PHONE. IF YOU DO NOT ATTEND, YOUR COMPLAINT MAY BE DISMISSED (THROWN OUT).

If you have any questions about the complaint process, please call the Bureau of Consumer Services, toll free, at 1-800-782-1110.

Very truly yours,



James J. McNulty
Secretary

SS

cc: PHILADELPHIA GAS WORKS

(Rev. November 2005)

See separate instructions.

This return is for calendar year 2005, or fiscal year ended

Personal information section including name (JAMES K LITTLE), address (8224 BUIST AVE Philadelphia PA 19143), and phone number (215-365-1358).

Filing status section (A and B) with checkboxes for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Table with 3 columns: Description, A. Original amount or as previously adjusted, B. Net change - amount of increase or (decrease), C. Correct amount. Rows include Income and Deductions (lines 1-5), Tax Liability (lines 6-10), and Payments (lines 11-18).

Refund or Amount You Owe section (lines 19-24) showing overpayment of 868 and amount owed of 2,358.

Sign Here section with signature lines for the preparer and spouse, including dates and a declaration of accuracy.

Paid Preparer's Use Only section for OKOJTE & ASSOCIATES, INC., including address (1310 PENNSYLVANIA STREET Philadelphia PA 19139) and phone number (215-474-5070).

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(Request For Formal Complaint Forms)

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

Due 10/16/06

IN REPLY PLEASE
REFER TO OUR FILE

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Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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Commission Procedures for Formal Complaints

- We send a copy of this letter to the company so they know you are appealing the Bureau of Consumer Services' decision;
- We also send the company a copy of your completed formal complaint forms. Once they receive it, they have 20 days to send us an answer to your complaint. The company will send you a copy of their answer.

- Once we receive all the paperwork, we usually will schedule your hearing before an Administrative Law Judge.
- We will notify both you and the company by mail when the hearing date is set.
- If you cannot travel to your hearing, you can request that the hearing be held by phone. This is called a telephonic hearing. If we can, we will schedule a telephonic hearing for you.
- We will most likely schedule your hearing sometime within three months after you file your complaint forms. If you know of certain dates when you will not be available for a hearing, let us know when you file your forms. We will try to work around your schedule.
- If you cannot attend the hearing on the scheduled date, you must request a different time or date. You should request the change at least 5 days before your hearing by writing to:

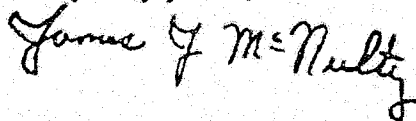
Office of Administrative Law Judge
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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If you have any questions about the complaint process, please call the Bureau of Consumer Services, toll free, at 1-800-782-1110.

Very truly yours,



James J. McNulty
Secretary

SS

cc: PHILADELPHIA GAS WORKS

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: OCTOBER 30, 2006

JAMES LITTLE

Complainant

v.

PHILADELPHIA GAS WORKS

Respondent

Complaint Docket
No: F-02027112

DOCKETED
OCT 30 2006

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PHILADELPHIA GAS WORKS

TAKE NOTICE:

**DOCUMENT
FOLDER**

That a complaint in the above entitled matter, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. Section 702 of the Public Utility Code, 66 Pa. C.S. Section 702, requires the Commission to serve on each party named in a complaint a copy of the complaint and notice calling upon each party to satisfy the complaint, or to answer the same in writing within a specified time; THEREFORE,

1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the **Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265**, an answer (original and three copies), in writing, under oath, which, as required by Section 5.61 of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 5.61, either affirms or specifically denies the allegations in this complaint. You must also serve a copy of the answer upon the complainant. The date of service is the mailing date as indicated by the date at the top of this Notice. Section 1.56(a) of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 1.56(a).

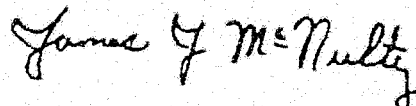
2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if

you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

3. If you elect to satisfy this complaint you must file, within twenty (20) days from the date on which this complaint is served, affidavits executed by each complainant that this complaint has been satisfied. Such affidavits must describe the basis on which this complaint was satisfied; any settlement agreement between the parties must be reduced to writing and attached to the affidavit. Such affidavits are to be filed with the Secretary of the Commission at the address set forth in paragraph 1. Upon receipt of affidavits of satisfaction from all complainants, this complaint may be dismissed by the Commission in accordance with Section 703(a) of the Public Utility Code, 66 Pa. C.S. Section 703(a), unless the Commission determines that such dismissal would be contrary to the public interest, in which event the Commission may direct that hearings be held upon the complaint.

4. If you file an answer which admits the allegations in this complaint, or which fails to specifically deny the allegations in this complaint, the Commission may, without hearing, enter an order which either revokes or suspends any certificate held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

5. If you file a timely answer which specifically denies the allegations in this complaint, or which raises material questions of law or fact, this matter shall be referred to the Office of Administrative Law Judge for hearing and decision. If, after hearing on the issues raised by that answer, you are found to have committed any of the violations alleged in the complaint, the Administrative Law Judge may render a decision which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. In the imposition of a penalty after a hearing the Administrative Law Judge is not bound by the relief sought by the complainant in paragraph 4 of the attached complaint.



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

DATE SERVED: OCTOBER 30, 2006

F-02027112

LAURETO FARINAS ESQUIRE
PHILADELPHIA GAS WORKS
800 W MONTGOMERY AVE
PHILADELPHIA PA 19122-2898

**DOCUMENT
FOLDER**

Dear Mr. Farinas:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by JAMES LITTLE. To defend yourself against the claims stated in the following pages, you must act within twenty (20) days by filing in writing with the Commission, either personally or through your attorney, your defenses or objections to the claims stated against you. Or, you may satisfy the complaint by settling the matter with the Complainant and submitting proof of settlement to the Commission within twenty (20) days.

IF YOU FAIL TO RESPOND WITHIN TWENTY (20) DAYS, THE CASE MAY GO FORWARD IN YOUR ABSENCE AND A JUDGEMENT MAY BE ENTERED AGAINST YOU BY THE COMMISSION WITHOUT FURTHER NOTICE.

CUSTOMER OF A UTILITY

A payment schedule may be prescribed or a termination of utility services may be authorized. You may lose money or property or other rights important to you.

COMPANY/UTILITY

An Administrative Law Judge may revoke or suspend any certificate or permit held by you, or impose a fine, or any other appropriate penalty or remedy authorized by the Public Utility Code. You may lose money or property or other rights important to you.

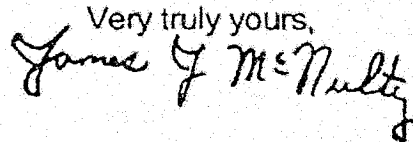
Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

OCTOBER 30, 2006

Unless you are a corporation or other organization, you may proceed without a lawyer. However, if you want a lawyer and do not have one or cannot afford one, the office listed below can tell you where you can get legal help:

Pennsylvania Lawyer Referral Service
Pennsylvania Bar Association
P.O. Box 186
Harrisburg, PA 17108
(800) 692-7375

Very truly yours,

A handwritten signature in cursive script that reads "James J. McNulty". The signature is written in dark ink and is positioned above the typed name.

James J. McNulty
Secretary

SS

ORIGINAL

Philadelphia Gas Works



800 West Montgomery Avenue, Philadelphia, PA 19122
Laureto A. Farinas, Senior Attorney
Legal Department
Direct Dial: 215-684-6982
FAX: 215-684-6798
E-mail: laureto.farinas@pgworks.com

November 10, 2006

James McNulty, Secretary
Pennsylvania Public Utility Commission
Room B-20, North Office Building
Harrisburg, PA 17105-3265

**DOCUMENT
FOLDER**

RE: James Little v. PGW, Docket No. F - 02027112

Dear Secretary McNulty:

Pursuant to 52 Pa. Code §5.24(b), the Philadelphia Gas Works (PGW) certifies that the above referenced Complaint has been satisfied. PGW and the Complainant have discussed the issues raised in the complaint and reached a settlement. With this discussion and settlement, the Complainant has indicated that he is satisfied with the resolution of this complaint.

By copy of this letter, I am notifying the Complainant of his right to object to any part of this settlement, in writing to the Public Utility Commission within ten (10) days of the date of this letter.

If additional information is needed about this matter, please contact me at my direct-dial number above. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Laureto Farinas", is written over a large, stylized circular flourish.

Laureto Farinas

DOCKETED
NOV 27 2006

cc: James Little (Regular Mail)
Stacy Nolan, Hearing Scheduler (via FAX)
Linda Pereira (PGW Mail)
Anne Marie Cromley (PGW Mail)

SECRETARY'S BUREAU

2006 NOV 17 AM 8:34

RECEIVED

LR

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DATE: November 13, 2006
SUBJECT: F-02027112
James Little v. Philadelphia Gas Works
TO: Wanda Zeiders
Docket Management
FROM: Dawn M. Reitenbach, ALJ Support Staff
Office of Administrative Law Judge

**DOCUMENT
FOLDER**

On November 13, 2006, a Certificate of Satisfaction was filed in the above-captioned proceeding. If no objection is filed to this certificate within 10 days of the filing, this proceeding will be closed.

All parties should be notified that the case is closed and a copy of that notification placed in the document folder.

Attachment

pc: (None Assigned)
Beth Plantz
Case File

DOCKETED
NOV 15 2006